



**Creating a
Healthier
Missouri:**

A Statewide Oral Health Plan

2009



Creating a Healthier Missouri: A Statewide Oral Health Plan 2009



Missouri Department of Health and Senior Services
Office of Primary Care and Rural Health
Developed in cooperation with the Missouri Oral Health Task Force

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Fellow Missourians,

The Missouri Department of Health and Senior Services (DHSS) is excited to present “Creating a Healthier Missouri: A Statewide Oral Health Plan 2009.” The impact of oral health on overall health has been recognized in the health care environment yet many still suffer from oral disease. Evidence shows that gum disease or periodontal disease can lead to serious health problems. Thousands of Missourians suffer from tooth pain so severe that they miss days at school or work.

Earlier this year, the Oral Health Task Force convened to develop a statewide oral health plan. This forty member group consists of oral health professionals from the public and private sectors, plus representatives from dental schools, local public health agencies, medical providers, oral health coalitions, community health centers, and agencies which work with community water fluoridation and special populations like the disabled, elderly, and homeless. The oral health plan identifies Missouri’s most critical oral health challenges and presents strategies for improving oral health education, access to care, workforce

development and public policy issues. All of the identified strategies emphasize integrating oral health and overall health for the increased well-being of Missourians.

DHSS and its partners are committed to improve access to oral health care for all Missourians and to develop programs that educate citizens about the connection between oral health and overall health.

Thank you for your interest in oral health. DHSS invites you to use this plan to address oral health in your community. It is through collaboration and dedication to improving oral health in our communities that we will “Create a Healthier Missouri.”

Sincerely,



Margaret Donnelly
Director, Missouri Department of
Health & Senior Services



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Steven Bacon – Missouri Department of Health and Senior Services, HIV/AIDS Program, Ryan White & HOPWA Services Manager

Jennifer Bauer, Executive Director – Missouri Academy of Family Physicians

Mamie Benson, Family Partner – Missouri Bureau of Special Health Care Needs

Craig Biele, MSW – Missouri Foundation for Health

Bonnie Branson, RDH, PhD – University of Missouri-Kansas City School of Dentistry

Myrna Bruning, RN, MS – Missouri Rural Health Association

Lisa Bush, DMD, MPH – Family Care Health Center Dental Clinic

Susan Centner, Digital Library Project Director – Missouri Area Health Education Centers

Donnell Cox, Executive Director – Doral Dental

John Dane, DDS – Elks Mobile Unit

Karen Dent, Director – Oral Health Network

Catherine Edwards, PhD – Missouri Department of Health and Senior Services, Oral Health Program

Julie Enboden, Service Coordinator – Children with Special Health Care Needs Program (CSHCN)

Michael French, Co-Director, ATSU-KCOM Program Office, Missouri Area Health Education Centers

Bonnie Glass, Administrator – Henry County Health Center

Sarah Grim, MSPH, CHE, Executive Director – Missouri Coalition for Oral Health

Linda Grgurich, MA, MBA – Pathways Community Behavioral Healthcare

Jessica Hembree, MPA – Health Care Foundation of Greater Kansas City

Rhonda Holman, Vice President – Health Care Foundation of Greater Kansas City

Debra Howenstine, MD – University of Missouri-Columbia, Department of Family and Community Medicine

Barbara Huddleston, Nutritionist III – Missouri Department of Health and Senior Services,

Bureau of Senior Programs

Amy Kessel, Medicaid Unit Supervisor – Missouri Department of Social Services, MO HealthNet Division
Carolyn Link, JD, MPA, BS – Missouri Department of Health and Senior Services, Oral Health Program
Darren Mahaffey, DDS – private dentist
Michael McCunniff, DDS – University of Missouri-Kansas City School of Dentistry
Julie Nice, RDH, BS – Community Health Center of Central Missouri & Westside Dental Practice
Stacy Owsley, Director – Missouri Head Start, State Collaboration Office
Claudia Preuschoff, MD, FAAP – Missouri Chapter, American Academy of Pediatricians
Marie Peoples, MA, MPH, CSACII – Missouri Department of Health and Senior Services,
Office of Primary Care and Rural Health
Robin Rust, Project Director – Missouri Department of Mental Health, Division of Developmental Disabilities
Lois Sandbothe, LPN – Missouri Department of Social Services, MO HealthNet Division
Cheryl Spiller, RDH – Greater Columbia Dental Hygienists' Association
Jim Spring, DDS – private dentist
Beth Vossler, Assistant Director – Central Missouri Community Action
Aaron Washburn, Assistant Executive Director – Missouri Dental Association
Vicki Wilbers, Executive Director – Missouri Dental Association
Pam Wittmeyer, RDH, BHS – Clay County Public Health Center, Missouri Dental Hygienists' Association
Doug Wyckoff, DDS – private dentist

Brenda Myers, Oral Health Task Force Facilitator – Missouri Department of Health and Senior Services

Co-writers

Bonnie Branson, RDH, PhD – University of Missouri-Kansas City School of Dentistry
Catherine Edwards, PhD – Missouri Department of Health and Senior Services, Oral Health Program
Brenda Myers, Oral Health Task Force Facilitator – Missouri Department of Health and Senior Services

Design & Layout

John C. Davis, Public Information Coordinator – Missouri Department of Health and Senior Services

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Executive Summary

The numbers are astounding...

- Dental caries, or tooth decay, is the single most common chronic childhood disease. It is five times more common than asthma and results in an estimated 51 million school hours being missed each year.¹
- Nearly 25 percent of American adults over age 60 have lost all of their teeth, primarily because of tooth decay.²
- Tooth decay affects more than 90 percent of adults over age 40, and advanced gum disease affects 5 – 15 percent of adults.³
- Gum disease, otherwise known as periodontal disease, can lead to serious health problems such as heart disease, stroke, diabetic complications, and pre-term, low birth weight babies. But unlike many health problems, periodontal disease and other oral health complications can be prevented.⁴

Oral disease is a serious problem in our state and across the nation, and yet it is 100 percent preventable. Daily brushing and flossing along with regular dental visits can deter tooth decay, gum disease, and other dental problems. Still, it is estimated that 11 percent of the population has never seen a dentist. Millions more are affected by tooth

pain that is severe enough to cause a loss of time at work or school.⁵

Rank (1=high 51=low)	Percent Who Visited the Dentist/Clinic
United States	71.3%
1. Connecticut	80.2%
2. Massachusetts	79.3%
3. Rhode Island	79.0%
4. Delaware	76.8%
5. New Hampshire	76.7%
6. Michigan	76.0%
7. New Jersey	75.9%
45. Nevada	63.7%
46. Arkansas	63.5%
47. Missouri	62.6%
47. Texas	62.6%
49. West Virginia	60.6%
50. Mississippi	59.4%
51. Oklahoma	57.9%

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**“Oral disease is a serious problem in our state...
yet it is 100 percent preventable.”**

The problem in Missouri...

Missourians do not visit the dentist as often as citizens of other states. Sixty-three percent of Missourians reported visiting a dentist within the past year while the national average is 71.3 percent. Furthermore, more than 26 percent of Missouri's residents age 65 or older have had all of their teeth extracted. The national average is 18.5 percent.⁶

These figures point to a need for oral health education that emphasizes:

***Oral disease can be prevented
with basic dental hygiene and annual visits
to an oral health provider.***

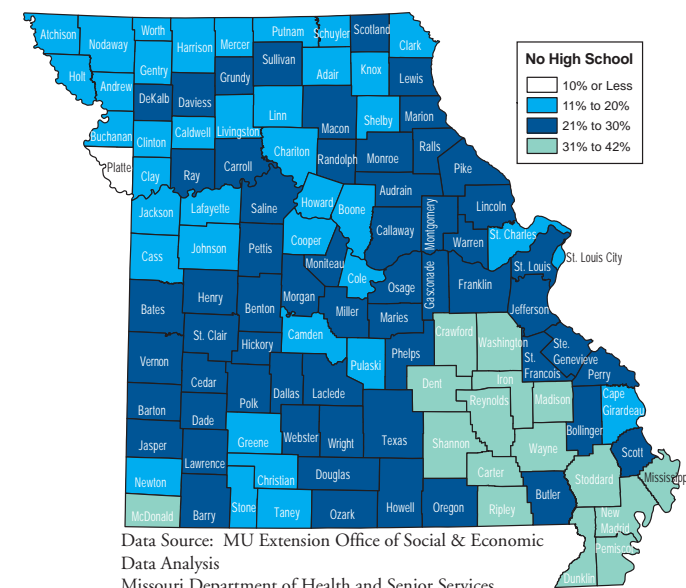
Missouri mirrors the nation's need for improved access to care for uninsured and underserved populations who do not have a dentist or dental clinic available to them. Effective oral health prevention programs have been initiated in Missouri, but many residents are still missed due to access barriers to an oral health provider. A number of barriers impact access and health status, particularly for vulnerable populations, including young children, low-income families, individuals with chronic physical or mental illnesses, and developmental disabilities.

Education and income are highly correlated with health status. The higher the education and income levels of a population, the better the health status is

likely to be for that population. In rural Missouri, the lack of education, as measured by the percent of population without high school education, is a very serious issue. Sixteen counties in the state have a percent of the population over 18 without a high school education that ranges from 31 percent to more than 42 percent. All of the counties are rural. Of the 75 counties with more than 20 percent of adults without a high school education, only one (St. Louis City) was not rural. Of all rural counties, almost 85 percent have a percent of adults without a high school education greater than the state rate. This is a critical factor in developing education and intervention strategies to impact oral health in Missouri.⁷

Besides education and income issues in Missouri's rural communities, a lack of oral health providers in these areas is another problem. With a shortage or mal-distribution of dentists in rural areas of the state and few dentists willing to accept the low reimbursement rates of public-funded programs, such as MO HealthNet, access to care for many Missourians is problematic. In addition, Missouri's one dental school is challenged with graduating enough dentists to serve the nearly 6 million Missouri residents and to keep up with the growing number of dentists who will reach the average retirement age of 65 in the next 10 – 15 years.

**Percentage of Population with
No High School Education**



Practical, effective solutions are critical...

In developing this Statewide Oral Health Plan, the overarching principle that guided the efforts of the task force who determined the state's oral health priorities was that:

Oral health is integral to the general health and well-being of all Missourians.

As noted in the Report of the Surgeon General, "Associations between periodontal disease and diabetes have long been noted. New research, however, is pointing to associations between chronic oral infections and heart and lung diseases, stroke, and low-birth weight, premature births."⁸ Consequently, oral health is increasingly recognized as a critical component of general health and must not be ignored or neglected. Rather, programs which bring together oral and physical health must be created and funded, and the oral health workforce must be enhanced to ensure access for every Missourian who desires care.

It is the Oral Health Task Force's belief that by effectively integrating oral health and general health:

- Access to oral health services will be improved.
- Oral health prevention efforts will be enhanced.
- The oral health workforce will be expanded.
- Funding for oral health programs will be increased.

The 40-member Oral Health Task Force, convened by the Missouri Department of Health and Senior Services, identified four areas of focus where improvements in oral health are especially critical. Within the four focus areas, goals and strategies have been developed and recommended for implementation in this Statewide Oral Health Plan. Following is a summary of the focus areas and goals:

Education and Community Awareness

- Increase the public's awareness and understanding of the impact of oral health on overall health
- Promote educational materials and activities which focus on oral health prevention and treatment options for vulnerable populations

Access to Care and Prevention Initiatives

- Ensure all Missourians have affordable and accessible dental care
- Increase the number of Missourians who have a "dental home"
- Bring healthcare providers (dental and non-dental) together to increase oral health prevention services and referrals
- Increase capacity for oral health education and prevention services through community-based providers, such as local public health departments, safety net clinics, and critical access hospitals



Workforce and Training

- Increase the number of oral health professionals who work in dentally underserved areas of Missouri
- Enhance oral health learning opportunities for healthcare providers (dental and non-dental)

Public Policy

- Educate and encourage legislators and policy makers to prioritize funding for oral health care
- Reduce the prevalence of dental caries through appropriate use of preventive strategies such as fluoride and dental sealants
- Increase the number of MO HealthNet providers, especially in underserved areas of Missouri
- Build a strong evidence base to demonstrate the burden of oral health in Missouri

Each of these key areas responds to Missouri's needs and to national priorities and initiatives included in the Framework for Action outlined in "*Oral Health in America: A Report of the Surgeon General*" and the Healthy People 2010 goals for oral health. These national priorities are referenced within the plan.

The Statewide Oral Health Task Force appreciates your interest in oral health. It is the responsibility of all Missourians to take heed of the current conditions, meet the challenges and take action to improve oral health for all of our citizens.

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Background



National Focus on Oral Health

National attention was drawn to oral health in the year 2000 when the Surgeon General released a report titled, *“Oral Health in America: A Report of the Surgeon General.”* This report encouraged the development of a National Oral Health Plan to improve oral health and reduce disparities. Subsequently, in 2003, *“A National Call to Action to Promote Oral Health”* was released to provide a framework for national and state oral health agendas. These documents were the collaborative work of multiple stakeholders including health care providers, communities, policymakers and researchers. These reports set in motion a wave of attention and development of oral health initiatives aimed at promoting oral health.

Missouri's Oral Health Surveillance

The Show Me Your Smile Survey was conducted in 2004 to obtain information on the oral health of Missouri's children. A representative sample of Missouri's third graders received a dental screening using protocols and diagnostic criteria developed by the Association of State and Territorial Dental Directors (ASTDD).

The survey found that 25 percent of third graders have untreated decay, up from the 22 percent of untreated decay identified in the 2000 open mouth survey.⁹

Furthermore, a convenience sample of sixth graders and students at Schools for the Developmentally Disabled was screened. Similar levels of untreated decay were present in the sixth grade population.

Current Activities of the Oral Health Program

Preventive Services Program

In response to the open mouth survey conducted in 2004, the Oral Health Preventive Services Program (PSP) was initiated to encourage communities to take responsibility for the oral health of their children through oral health education, application of fluoride varnish and

5 percent of third graders and 4 percent of sixth graders screened through the 2005 open mouth survey presented with a need for urgent treatment (recognized pain and infection resulting from abscessed teeth).

Source: Missouri Department of Health and Senior Services



referrals for dental care. The program also includes a surveillance component which allows a community to measure its progress. PSP is administered through the Oral Health Program, housed within the Missouri Department of Health and Senior Services. PSP currently engages children in a variety of locations, including WIC sites, Head Start centers and school systems. Children attending Schools for the Developmentally Disabled also participate in PSP activities. More than 35,000 children were part of the Preventive Services Program during the 2008-2009 school year.¹⁰

Educational Curriculum

The Oral Health Program offers educational resources to communities and citizens. One such resource is an oral health educational curriculum, which is available electronically (www.dhss.mo.gov/oralhealth/). This curriculum has been used by numerous agencies nationally and internationally. It is listed in the Oral Health Resource Bulletin prepared by the National Maternal and Child Oral Health Resource Center.

Water Fluoridation Monitoring and Advocacy

The Oral Health Program recognizes the benefits of optimal community water fluoridation and monitors fluoridation levels across the state. The Oral Health Program webpage (www.dhss.mo.gov/oralhealth/waterfluoridation.html) offers

an interactive map that displays the fluoridation status of all communities with optimally fluoridated water systems. Information and consultation is available regarding the benefits of water fluoridation.

Consultation and Loans of Portable Dental Equipment

The Oral Health Program recognizes the value of dental professionals providing care in community settings. To encourage such activities, the Oral Health Program loans portable dental equipment to professionals and communities seeking to establish community programs. Consultation is also available for program development and evaluation.

Development of the Statewide Oral Health Task Force

Numerous organizations are partners in the improvement of the oral health of Missouri's citizens. These include coalitions, primary care associations, professional associations, funding agencies, policymakers, public health agencies and dental educational institutions. It was this group of stakeholders which came together in 2009 to develop a statewide oral health plan for Missouri. This group, known as the State Oral Health Task Force, was funded by a workforce activities grant from the Health Resources and Services Administration.

The 40-member Oral Health Task Force met monthly for a period of five months to examine the issues, build consensus and establish priorities. Shortly after initial discussions, it became clear that the issues could be divided into categories for more detailed examination. Thus, four work groups were established to focus on the areas of:

- 1) Education and Community Awareness
- 2) Access to Care and Prevention Initiatives
- 3) Workforce and Training
- 4) Public Policy

Upon completion of work group meetings, a report was prepared and circulated among all task force members to gain final consensus.

The Statewide Oral Health Plan 2009 is a result of that work. It contains the issues, goals, strategies and suggested actions for oral health improvement as agreed upon by the collective body of experts. This five-year plan will serve as a framework for the state as it seeks to enhance preventive and restorative dental services and improve the availability of oral health care for all Missouri citizens.



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Focus Areas



In its five-month examination of issues facing Missouri, the Oral Health Task Force determined target areas which needed detailed attention. Four work groups were established to focus on the areas of:

- 1) Education and Community Awareness
- 2) Access to Care and Prevention Initiatives
- 3) Workforce and Training
- 4) Public Policy

The following section outlines goals, strategies and expected outcomes the task force articulated as priorities for this report.

Education & Community Awareness

Before real change can occur, Missouri residents must understand the impact oral health has on a person's overall health. This focus area includes strategies which place education and community awareness at the core of the oral health issue and work toward common knowledge for all about the importance of good oral health practices at all stages of life.

Related national initiatives:

U.S. Surgeon General Report:

National Call to Action #1 Change Perception of Oral Health

National Call to Action #2 Overcoming Barriers by Replicating Effective Programs and Proven Efforts

Healthy People 2010: *Focus Area 21, Oral Health*

Goal 1: Increase the public's awareness and understanding of the impact of oral health on overall health.

Many Americans view dental care as a luxury rather than a necessity and do not understand the impact unhealthy habits, such as inadequate brushing and flossing, soda consumption, tobacco use, and substance abuse, have on their oral and physical health.

In recent years, several education and prevention programs have been established in Missouri, including Preventive Services Program, Healthy Smiles, Stop the Pop, and Start Right. While these programs have been successful, Missouri must increase its oral health education efforts and continually reinforce the message that oral health affects a person's overall health. Funding must be secured to support ongoing educational programs that target children, parents, school administrators and other appropriate audiences.

Educating Missourians about their oral health is an investment in the future. Although education takes time, money and effort, the benefits of improved statewide oral health outcomes are worthy of the commitment.

Strategy A: Develop a baseline of public perceptions about oral health and its impact on overall health.

Action: Secure funding and identify a consultant to develop a survey tool to measure public perceptions about oral health.

Action: Conduct a survey of the general population, focusing on geographic areas with high levels of unmet oral health needs.

Action: Analyze survey results to develop campaign messages.

Expected Outcomes:

An effective public health messaging campaign will be developed utilizing survey responses to counter misconceived perceptions of the importance of oral health.

Strategy B: Conduct a comprehensive education and awareness campaign which incorporates the effects that unhealthy habits (soda consumption, drug use, tobacco use, etc.) have on oral health.

Action: Secure funding for the creation and implementation of an educational campaign about oral health.

Action: Identify professionals to develop campaign messages and strategies.

Action: Create and implement a comprehensive oral health awareness campaign by distributing the message to public and key audiences, via media, newsletters, website, calendars, community events, social networking sites, etc.

Action: Conduct a follow up survey and focus groups to measure change in public perception about oral health.

Expected Outcomes:

Public understanding about the connection between oral health and overall health as well as the impact of unhealthy behaviors on oral health will improve as documented by pre- and post-public survey and focus group results.

Goal 2: Promote educational materials and activities which focus on oral health prevention and treatment options for vulnerable populations.

If we are to reduce the incidence of the oral health diseases which lead to general health problems among vulnerable populations, we must increase the awareness and understanding of prevention and treatment options.

According to the May 2000 Surgeon General's Oral Health Report, about 80 percent of dental disease is found in 25 percent of the population.¹¹ Therefore, it is important to target education and awareness efforts toward populations with the greatest risk of developing oral disease. The target populations include low-income families, children, pregnant women, older adults, and individuals with chronic physical or mental illnesses and developmental disabilities.

A vast amount of oral health literature exists throughout local public health agencies, dental offices, safety net clinics and schools across the state. Some of the information is outdated; some is inaccurate; and some materials are not written at an appropriate literacy level. Further, Missouri's racial and cultural demographics are rapidly shifting, and oral health materials should reflect this change. A complete review of available oral health materials must be conducted to ensure that oral health messages being shared are current, accurate, consistent and available in formats that are appropriate for diverse audiences with varying oral health care needs.

Strategy A: Conduct a comprehensive review of existing oral health information distributed at local public health agencies, dental offices, safety net clinics and schools.

Action: Secure funding for the review and update of oral health literature addressing appropriate literacy levels, cultural differences and multilingual needs.

Action: Convene stakeholders to assist in the literature review and revisions of oral health information for diverse populations.

Action: Develop new oral health materials as needed.

Action: Develop and implement strategies for distributing oral health information to appropriate sites and for maintaining resource materials.

Expected outcomes:

Oral health literacy will be improved for clients at locations where the newly created and distributed information is available.

Strategy B: Identify effective methods of distributing information about the importance of oral health to vulnerable populations, such as:

Pregnant Women:

Action: Distribute oral health information to physician offices, hospitals, WIC offices, local public health departments, community health centers, etc.

Action: Work with prenatal providers to incorporate education about oral health into information provided to pregnant women and their partners.

Action: Educate women about the importance of keeping dental appointments.

Older Adults:

Action: Distribute materials for seniors and caregivers at long-term care facilities, in-home service providers, senior nutrition sites, and other congregate sites.

Action: Work through advocacy groups (AARP, state ombudsman program) to educate older adults and caregivers about the importance of oral health care.

Action: Conduct programs, health fairs and screenings for older adults at independent living and congregate sites.

Action: Provide training for staff and caregivers who work with adults who require more skilled care.

Individuals with chronic illnesses:

Action: Incorporate oral health education into health plan member outreach materials.

Action: Work with primary care physicians to incorporate education on the impact of oral health on chronic disease outcomes.

Action: Provide oral health educational materials to primary care physicians for distribution to patients with chronic diseases and their caregivers.

Persons with developmental disabilities, mental illness, substance abuse or other special needs:

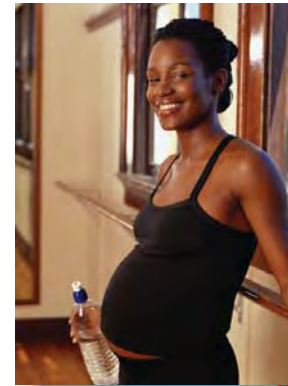
Action: Conduct training for and provide oral health information to caregivers who support people with special needs.

Action: Conduct training for local People First chapters and at statewide People First events.

Action: Develop and/or enhance partnerships with entities charged with advocating for individuals with special needs, such as the Missouri Department of Mental Health, Missouri Chapter of the National Alliance for the Mentally Ill, Missouri Planning Council for Developmental Disabilities, etc.

Expected outcomes:

The oral health literacy of targeted vulnerable populations and their caregivers will be improved.



Access to Care and Prevention Initiatives

For thousands of Missourians, finding a dentist is not an easy task. Especially in rural areas and in some urban areas in the state, there is a shortage or maldistribution of dentists, making access to care difficult, if not impossible. Financial concerns, a lack of dental insurance, transportation issues and cultural/language barriers also restrict access for many. The Access to Care and Prevention Initiatives focus area targets strategies which overcome barriers and improve access to dental care for all Missourians, especially those who are at greater risk for oral disease. It also focuses on the need to expand prevention programs and services in safety net clinics and community-based settings.

Related national initiatives:

U.S. Surgeon General Report:

National Call to Action #2 Overcoming Barriers by Replicating Effective Programs and Proven Efforts

National Call to Action #4 Increase Oral Health Workforce Diversity, Capacity, and Flexibility

National Call to Action #5 Increase Collaboration
Healthy People 2010: *Focus Areas 21-10, 21-11, 21-12 and 21-14, Oral Health*

Goal 1: Ensure all Missourians have affordable and accessible dental care.

According to the Health and Resource Services Administration (HRSA), 50 out of 114 Missouri counties qualify as dental health professional shortage areas.¹² This designation indicates a shortage of dental providers in these geographic areas/counties. In addition, out of 2,595 registered dentists in Missouri,¹³ only 518, or 20 percent, billed MO HealthNet for services in 2007.¹⁴ With 635,000 children enrolled in MO HealthNet across the state, it is particularly difficult for these individuals to access oral health care.

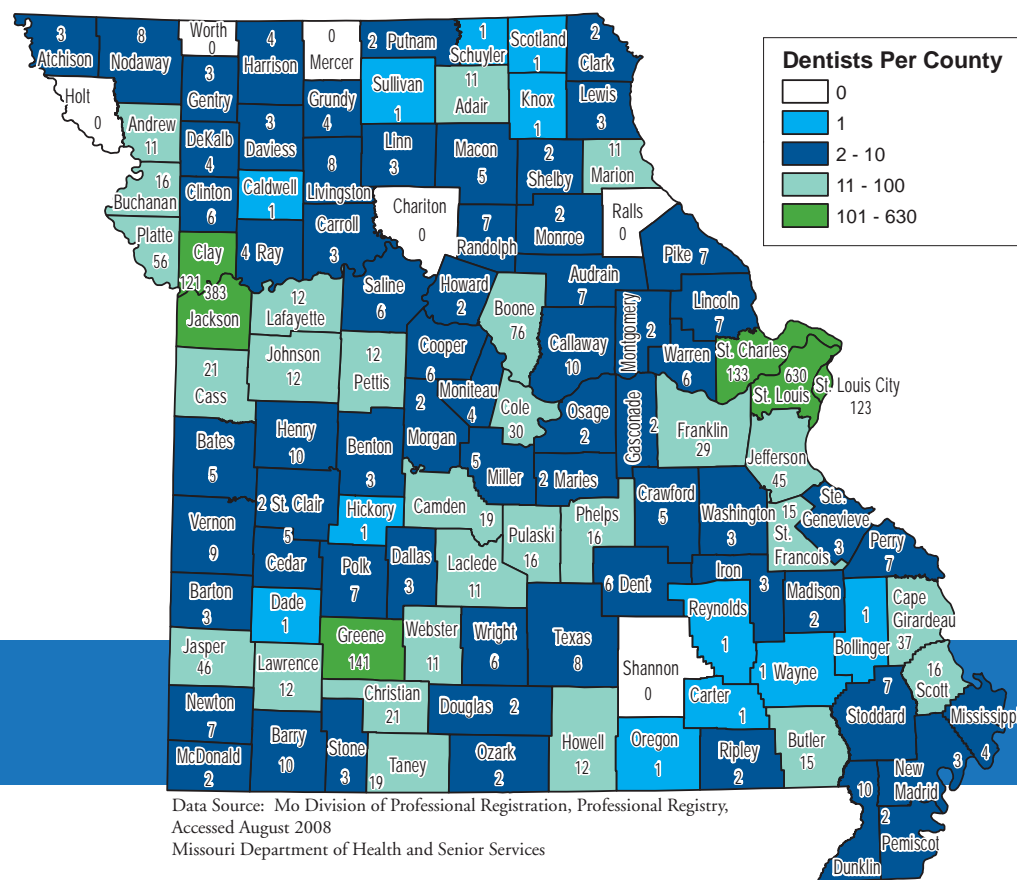
Furthermore, dentists who establish practices in underserved communities may not treat certain populations, such as young children, MO HealthNet (Medicaid) recipients, or persons with disabilities due to a lack of training, extra treatment time needed for these patients, and/or low provider reimbursement rates.

Finally, individuals who need oral health services often face other barriers which prevent them from obtaining care or keeping scheduled appointments. These barriers include, but are not limited to:

- Financial challenges and/or a lack of dental insurance which make oral health services unaffordable
- A lack of transportation to and from appointments, especially when the nearest dentist is miles away or not located on a city bus route

- Language, low-literacy or cultural differences which make it difficult for individuals to understand the importance of dental care and make it a priority for their families
- A diminished comfort level with the traditional dental office or the inability to attend appointments during regular business hours

Missouri Dentists Number Registered in Each County, August 2008



Goal 1: Ensure all Missourians have affordable and accessible dental care. (continued)

Strategy A: Recruit oral health professionals to serve a broad spectrum of populations, especially in underserved areas of the state.

Action: Implement an outreach program to encourage dental and other providers to participate in MO HealthNet.

Action: Encourage oral health professionals to treat a wide spectrum of populations within their practices to increase access for patients who are ages 0 to 5, elderly, or have disabilities or other special health needs.

Action: Provide education and resources for oral health providers who treat populations with culture, language or literacy/educational barriers.

Action: Expand current incentives or increase reimbursement for oral health professionals who serve vulnerable populations and/or those in designated areas of need.

Expected outcomes:

The number of oral health providers who treat all segments of the population increases.

Strategy B: Work with business and association partners to encourage employers to offer dental benefits to employees.

Action: Identify the number of Missouri employers who currently offer dental benefits to employees.

Action: Promote legislation to offer a tax incentive to employers who provide dental insurance for employees.

Action: Educate employers about the tax incentive.

Expected outcomes:

More employers in Missouri offer dental benefits to their employees.



Strategy C: Identify and expand statewide transportation resources for individuals who need rides to and from dental appointments.

Action: Identify transportation resources available throughout the state.

Action: Where transportation is limited, encourage communities to develop local transportation solutions, especially in designated areas of need.

Action: Develop a statewide directory to assist individuals in locating transportation resources in their areas.

Expected outcomes:

The number of patients who miss dental appointments due to transportation issues is decreased.



Goal 2: Increase the number of Missourians who have a “dental home.”

Much like a primary care physician who cares for an individual’s general medical needs, a dentist provides preventive services as well as treatment and restorative procedures to alleviate oral health problems and improve overall health. However, Missouri statistics indicate that Missouri ranks 47th in the percentage of people visiting a dentist in a year.¹⁵

Because the mouth is the “window” to the body, it is critical that every Missourian establishes a relationship with a dental provider who is familiar with his or her oral health issues. The definition of a “dental home” must be flexible enough to recognize that, in some areas of the state, a local community-based organization, school, or safety net clinic may be the only resource available to serve in this capacity.

Rank (1=high 51=low)	Percent Who Visited the Dentist/Clinic
United States	71.3%
1. Connecticut	80.2%
2. Massachusetts	79.3%
3. Rhode Island	79.0%
4. Delaware	76.8%
5. New Hampshire	76.7%
6. Michigan	76.0%
7. New Jersey	75.9%
45. Nevada	63.7%
46. Arkansas	63.5%
47. Missouri	62.6%
47. Texas	62.6%
49. West Virginia	60.6%
50. Mississippi	59.4%
51. Oklahoma	57.9%

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Strategy A: Increase collaboration and communication between oral health and medical providers.

Action: Create opportunities for oral health and medical providers (dentists, physicians, hospital staff, health plan representatives, case managers, etc.) to work together to ensure patients understand the importance of having a medical and a dental home.

Action: Encourage dental and medical providers to educate patients about the importance of establishing ongoing relationships with a dental and a medical provider.

Action: Provide health care professionals with oral health resources in their area and encourage patient referrals.

Action: Provide oral health care professionals with physical health resources in their area and encourage patient referrals when appropriate.

Expected outcomes:

Increase the number of Missourians who have a “dental home.”

Strategy B: Identify available and appropriate “dental homes” in oral health professional shortage areas of Missouri.

Action: Establish a group of oral health professionals to research where gaps in oral health services exist due to a lack of dental providers.

Action: Identify non-traditional settings where oral health care could be provided, such as community-based organizations, safety care clinics, WIC offices, schools, physician offices, hospitals, etc.

Action: Determine resources, facilities, equipment, and contractual relationships needed to equip the site.

Expected outcomes:

“Dental homes” will be established in oral health professional shortage areas. An increased number of residents will seek oral health services.



Goal 3: Bring healthcare providers (dental and non-dental) together to increase oral health prevention services and referrals.

As medical and oral health providers work more closely together, pediatricians and family practitioners, in particular, are uniquely positioned to play a crucial role in screening for and identifying oral health issues before they become urgent. The American Academy of Pediatrics (AAP) has embraced oral health screening, dental caries prevention through fluoride varnish application, and, when necessary, dental referral as added roles in the care of infants and young children. As a result, members of the Missouri Chapter of AAP stand ready to learn more about dental issues and how they can be an oral health advocate for their young patients.

In return, dentists can offer reciprocal referrals by monitoring chronic disease progression or complications observed during a dental exam or treatment and making appropriate medical referrals. Through collaboration and communication, assessment tools and processes can be developed and incorporated into regular exams, and referral networks can be established to ensure patients are cross-referred promptly and appropriately.

Strategy A: Promote and work with pediatricians and family practitioners to include an oral health focus during well-baby visits and annual exams.

Action: Work with advocacy groups, health plans, associations, and medical and oral health professionals to develop a dental assessment tool to be used by medical providers.

Action: Advocate for legislation to require children to have a dental exam prior to entering kindergarten.

Action: Incorporate a children's oral health assessment with well-child checks and with annual exams for adults.

Expected outcome:

Oral health screenings are included as part of basic medical exams.

Strategy B: Increase coordination of oral health and physical health care for patients with chronic diseases or illnesses.

Action: Incorporate an oral health component into the chronic disease component of MO HealthNet.

Action: Increase the proportion of persons with chronic diseases or illnesses, such as diabetes, who have at least an annual dental examination.

Action: Ensure oral health professionals are familiar with signs and symptoms which require referral to medical professionals.

Expected outcome:

Improve chronic diseases management for patients by integrating oral and physical health care.



Goal 4: Increase capacity for oral health education and prevention services through community-based providers such as local public health departments, safety net clinics and critical access hospitals.

While a number of successful health education and preventive services have been implemented and dental care is now available at 24 delivery sites, expansion of these efforts is a critical component in lowering barriers to oral health care in underserved areas of Missouri. In addition, contractual relationships must be forged with dentists, especially for treatment and restorative services.¹⁶



Strategy A: Expand capacity for preventive oral health services at safety net clinics, local public health departments and critical access hospitals.

Action: Provide financial incentives for the expansion or addition of safety net dental clinics where needed.

Action: Expand opportunities for reimbursement through contractual relationships between oral health providers and safety net clinics, local public health departments and critical access hospitals.

Expected outcome:

Increase access to preventive and restorative oral health care by expanding and strengthening the safety care network in Missouri.

Strategy B: Determine the feasibility of using community-based care coordinators in underserved areas to match target populations with needed services related to oral health.

Action: As evidenced by oral health indicators, identify four locations where a pilot program can be conducted.

Action: Secure approval for participation from the pilot sites.

Action: Explore various sources of funding for the pilot program in four targeted areas of the state.

Action: Implement pilot programs and document results.

Expected outcomes:

Using a coordinated approach, access to oral health care is established for individuals in underserved areas.



Focus Areas

Workforce and Training

In an effort to ensure a properly educated and qualified workforce is available to provide oral health to all Missourians who desire access to services, the Workforce and Training focus area emphasizes strategies which increase the state's oral health workforce capacity, flexibility and diversity. Strategies for educating and training medical providers and forging collaborative efforts that strive for increased access to dental care are also included.

Related national initiatives:

U.S. Surgeon General Report:

National Call to Action #1 Change Perception of Oral Health

National Call to Action #4 Increase Oral Health Workforce Diversity, Capacity

National Call to Action #5 Increase Collaborations
Healthy People 2010: *Focus Area 21-11, 21-12 and 21-14, Oral Health*

Annually, Missouri has an average of 70 dentists retire each year...

30

compared to 45-50 new dental graduates who stay in state to practice.

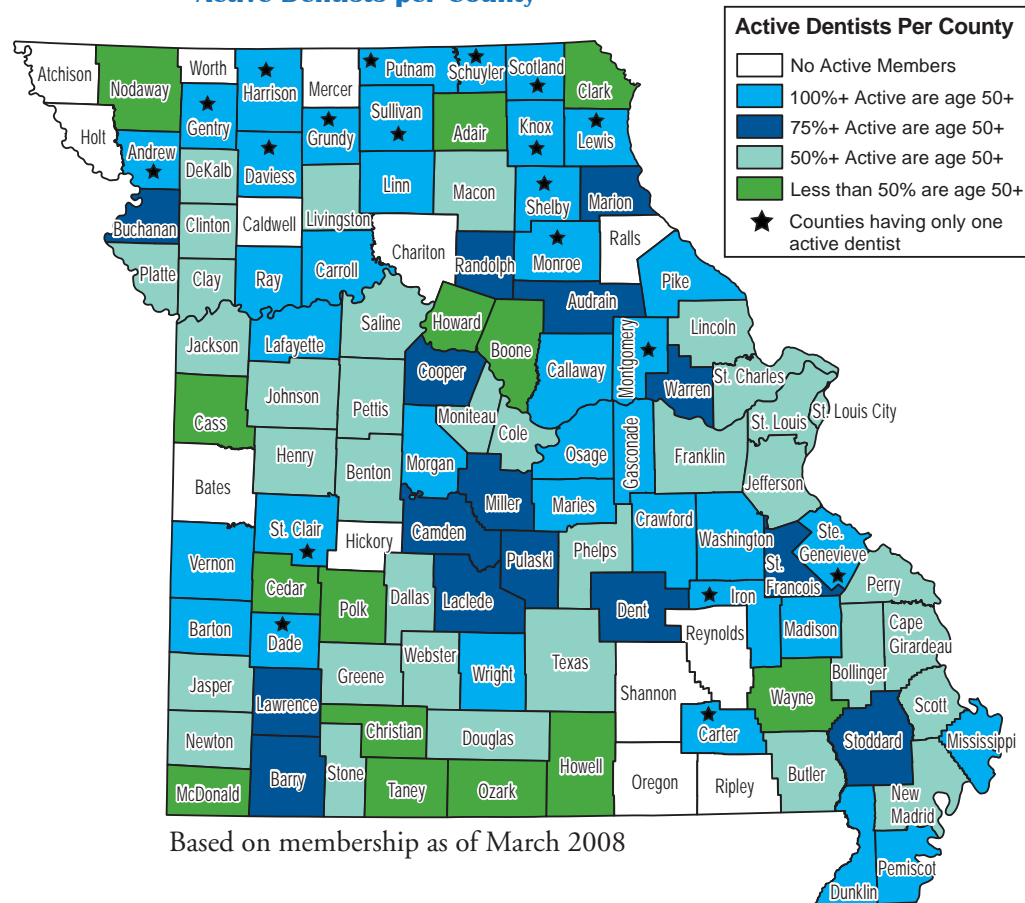
Source: Missouri Coalition for Oral Health White Paper, 2008

Goal 1: Increase the number of oral health professionals who work in dentally underserved areas of Missouri.

The number of dentists expected to retire over the next 10 years, compared to the number of those graduating from dental school and establishing practice in Missouri, is alarming and indicates a growing shortage of dentists in rural and underserved areas of the state.^{17,18}

To combat this trend, efforts must be made to expand dental education in Missouri, to recruit more students into the profession and to offer attractive incentives to dentists who are willing to set up practices in underserved areas or travel to safety net clinics and other community-based sites to treat patients.

**Missouri Dental Association
Active Dentists per County**



Goal 1: Increase the number of oral health professionals who work in dentally underserved areas of Missouri. (continued)

Strategy A: Research and recommend alternative models which would allow for the delivery of oral health care to people who are unable to access care through the traditional private practice models.

Action: Form a group made up of various dental team members dedicated to identifying practical and effective strategies which will positively impact access to oral health care.

Action: Review best practice oral health models to determine the most effective methods for improving the delivery of oral health care in Missouri, in traditional and non-traditional settings.

Action: Document recommendations and propose policy changes and funding needs to legislative partners, regulating agencies and professional associations.

Expected outcomes:

An alternative model for the delivery of oral health care in Missouri is recommended and presented to appropriate parties.

Strategy B: Encourage the expansion of dental education opportunities in Missouri.

Action: Encourage the University of Missouri-Kansas City School of Dentistry to expand the annual number of slots available for dentists and other oral health professions on the current campus or at a satellite location.

Action: Work with other dental schools in the country to secure oral health provider placement in Missouri.

Action: Form a group of oral and medical health experts to develop oral health curriculum to be included in medical school training programs across the state.

Action: Encourage the addition of an oral health component into medical training programs across the state.

Action: Encourage high school and undergraduate interest in dentistry through school-based educational opportunities.

Expected outcome:

The oral health workforce in Missouri is increased.

Strategy C: Increase the number of students from underserved areas and underrepresented populations who are trained as oral health professionals.

Action: Promote and facilitate mentoring relationships between high school students and local oral health providers.

Action: Promote academic enrichment programs for targeted students to facilitate admission to oral health professions training.

Expected outcome:

More Missouri students from underserved areas and underrepresented populations pursue careers in oral health professions.

Strategy D: Promote career opportunities in sites delivering care to underserved populations.

Action: Promote rotations and preceptor opportunities which take oral health professions students into underserved areas.

Action: Explore innovative ways or best practices to increase opportunities for oral health professions students to participate in clinical rotations in sites delivering care to underserved populations.

Action: Encourage communities to engage in recruitment activities to bring dentists and/or dental hygienists to their areas.

Expected outcome:

Underserved areas of the state will experience an increase in the number of oral health providers.

Strategy E: Increase local and state funding opportunities and incentives to address provider opportunities for serving underserved populations.

Action: Maintain and expand PRIMO (Primary Care Resource Initiative for Missouri) program to include more dental professionals.

Action: Research additional loan payback opportunities and/or tax incentive programs.

Action: Encourage communities to take ownership of the local needs and invest in workforce recruitment, education and retention efforts.

Action: Identify and implement targeted efforts to diversify workforce in terms of race, geographic areas, etc.

Expected outcome:

Financial incentives will result in an increase in the number of oral health providers who treat underserved populations in Missouri.



Goal 2: Enhance educational opportunities for healthcare providers (dental and non-dental).

As oral health becomes an increasingly important health care concern, dental and non-dental providers must embrace learning opportunities which expand the concept of oral health and its relationship to total health. This means educational opportunities must be developed for dental and non-dental providers, both through continuing education courses and at universities and schools that provide professional dental and medical training.

Strategy A: Increase oral health education for dental and non-dental providers.

Action: Plan an annual Oral Health Summit which targets dental and non-dental providers and offers continuing education credits on oral health-related topics.

Action: Host focus group sessions with dental and medical providers to identify provider training needs and determine practical solutions for collaboration between oral and medical health professionals.

Action: Create, promote and implement provider training sessions about treatment methods for special needs and chronic disease populations.

Action: Create and promote provider training opportunities which provide information on treating special populations such as infants/toddlers, people with physical or developmental disabilities, mental illness, HIV/AIDS, etc.

Action: Create and promote provider training specific to the oral health needs of geriatric patients.

Action: Create and promote provider opportunities for non-dental providers regarding oral health screening, applying fluoride varnish and/or sealants, etc.

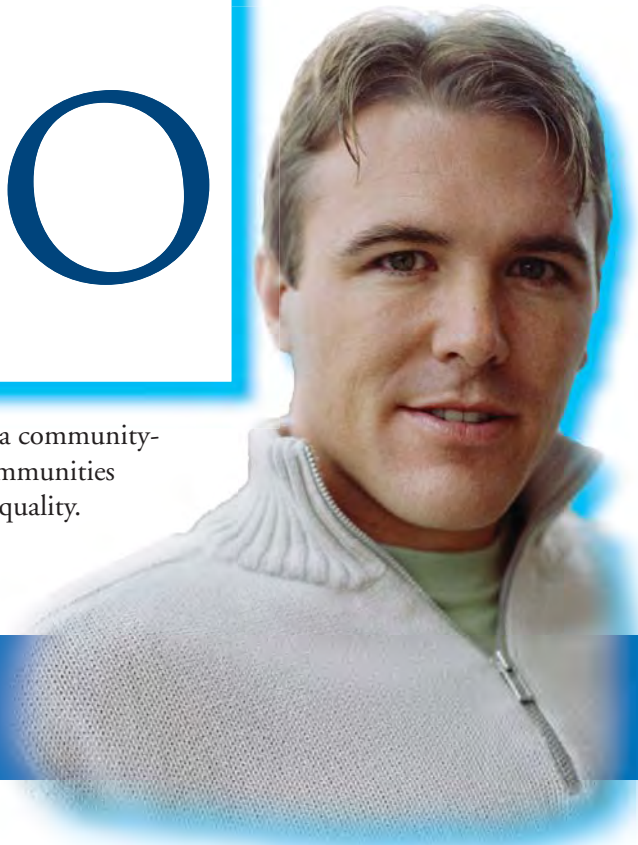
Expected outcome:

Dental and non-dental providers will have specialized knowledge for treating oral health patients who have a variety of special health care needs.





The Primary Care Resource Initiative for Missouri (PRIMO) Program is a community-based approach to recruit and retain health care providers, people and communities throughout Missouri impacted by increased access to health care and life quality.



Focus Areas

Public Policy

Public health affects the entire population and, as a result, often requires changes in state policy and funding allocations before effective programs can be implemented, expanded or improved. This focus area consists of strategies which emphasize the need for increased oral health financing and policy changes to positively impact access of oral health services or improve the oral health status of Missouri residents.

Related national initiatives:

U.S. Surgeon General Report:

National Call to Action #1 Change Perception of Oral Health

National Call to Action #2 Overcoming Barriers by Replicating Effective Programs and Proven Efforts

National Call to Action #3 Build the Science Base and Accelerate Science Transfer

National Call to Action #4 Increase Oral Health Workforce Diversity, Capacity and Flexibility

National Call to Action #5 Increase Collaborations
Healthy People 2010: *Focus Areas 21-8, 21-9, 21-10 and 21-12, Oral Health*

Goal 1: Educate and encourage legislators and policymakers to prioritize funding for oral health care.

To secure oral health funding in the state budget, legislators and policymakers must have current, accurate and consistent information about the status of oral health in Missouri and the positive budgetary impact oral health prevention programs have on general health care costs. In addition, a dental “champion” who is well-versed in public health must be identified to promote oral health issues, communicate the need for priority funding, and forge practical and effective partnerships with dental and non-dental providers, dental and medical schools, community-based and safety net clinics, businesses, and civic and community organizations for the improvement of oral health in Missouri.

Strategy A: Plan an official unveiling of the Statewide Oral Health Plan.

Action: Invite the governor and/or key officials to present the statewide plan at an Oral Health Summit, and encourage appropriators, health committee members, state representatives, state senators, and medical and dental providers to attend.

Action: Coordinate and promote an Oral Health Summit to incorporate the presentation of the statewide plan and education opportunities for dental and non-dental providers.

Expected outcome:

Awareness of oral health issues is increased among decision makers and providers in Missouri.

Strategy B: Conduct advocacy activities to encourage state policy changes which would include the addition of adult oral health coverage by MO HealthNet and an increase in coverage for persons with physical or developmental disabilities or mental illness.

Action: Develop and distribute educational materials which demonstrate the budgetary and social impact of oral disease prevention programs.

Action: Recruit dental and non-dental providers to conduct joint legislative visits to educate and discuss the impact of oral health on general health.

Expected outcome:

Increase legislative support and funding for oral health programming in Missouri.

Strategy C: Establish a state public health dental director.

Action: Advocate the legislature to establish funding for a state public health dental director.

Action: Explore federal grant opportunities to fund a public health dental director position.

Expected outcome:

A “champion” for oral health is positioned at the state level to advocate for support and funding from local, state and federal sources.



Goal 2: Reduce the prevalence of dental caries through appropriate use of community preventive strategies such as fluoride and dental sealants.

Although dental caries (tooth decay) are largely preventable, they remain the most common chronic disease of children aged 6 to 11 years (25 percent), and adolescents aged 12 to 19 years (59 percent). Tooth decay is four times more common than asthma among adolescents aged 14 to 17 years (15 percent), and once established, a cavity only grows larger and more expensive to repair when it remains untreated. Many adults also have untreated tooth decay (e.g., 28 percent of those 35 to 44 years and 18 percent of those 65 and older).¹⁹

The use of fluoride has been shown to be effective in preventing and controlling dental caries. As a result, community water fluoridation, fluoride varnish treatments and dental sealants are important prevention initiatives that can significantly reduce the prevalence of dental caries in a community or for a specific population.

Strategy A: Increase the number of Missourians who have a safe and appropriately fluoridated water supply.

Action: Target advocacy activities to Missouri counties without fluoridated water.

Action: Enhance capacity to monitor community water fluoridation and increase accessibility of information on DHSS website.

Action: Encourage the Department of Natural Resources to make water fluoridation a priority.

Expected outcome:

The number of Missouri counties without fluoridated water is decreased resulting in a reduced incidence of dental caries.

Two CDC studies indicate that widespread community water fluoridation prevents cavities and saves money, both for families and the health care system.

Strategy B: Expand prevention-focused programs to ensure annual fluoride varnish treatments and/or dental sealants are provided to vulnerable populations.

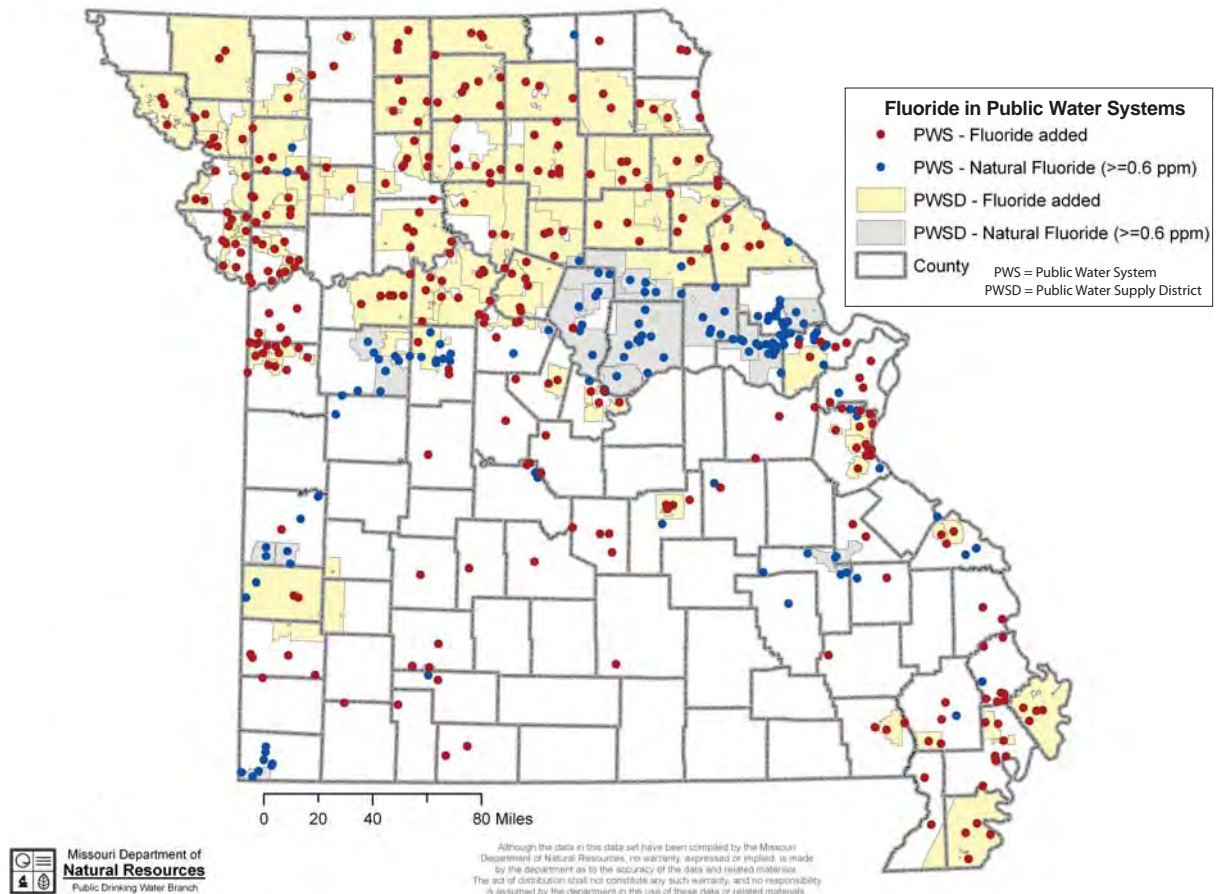
Action: Increase the number of community groups and providers participating in fluoride varnish/dental sealant programs.

Action: Develop a comprehensive plan to implement an evidence-based dental sealant program for Missouri's children.

Expected Outcome:

A decrease in the incidence of dental caries among vulnerable populations is documented.

Fluoride in Public Water Supply Systems of Missouri, 2009



Goal 3: Increase the number of MO HealthNet providers, especially in underserved areas of Missouri.

Although Missouri has a population of about six million people, there are just 2,595 registered dentists in the state. Only 625 of these professionals participate in the MO HealthNet program, according to statistics provided by the MO HealthNet Division.²⁰ Dentists cite cumbersome billing processes, excessive paper work, a high rate of missed appointments by MO HealthNet patients and low reimbursement rates as reasons for not joining state-funded programs. Reimbursement rates are even less attractive when treating patients who are young or have special health care needs and require longer treatment times.

Solutions which respond to oral health provider concerns must be identified and implemented before additional oral health providers can be expected to serve low-income and high-risk populations. Many of these solutions will require communication and collaboration with providers and consumers. These solutions will also require policy changes and/or funding to bring about necessary improvement in oral health services for Missouri's most vulnerable populations.

Strategy A: Increase provider reimbursement for oral health services.

Action: Work with MO HealthNet, managed care companies, providers and other partners to establish an equitable reimbursement system for oral health providers.

Action: Research and recommend a provider fee structure which considers unique oral health treatment needs and length of visit as determining reimbursement factors.

Action: Advocate for funding to increase reimbursement for oral health services.

Expected outcome:

An equitable provider fee structure is recommended and funded by the state legislature.



Strategy B: Collaborate with the Missouri Department of Social Services and the MO HealthNet Division to streamline and establish consistent processes.

Action: Support and encourage the establishment of a dental consultant within the MO HealthNet Division to analyze policy and coverage and to improve provider interaction.

Action: Research best practices from other states for financing oral health services.

Expected outcome:

Increase the number of dental professionals who accept MO HealthNet patients.



Goal 4: Build a strong evidence base to demonstrate the burden of oral health in Missouri.

Advances in health – and oral health – depend on research aimed at understanding the causes and processes of disease. By collecting and analyzing data, appropriate programs can be developed to improve prevention, diagnosis and treatment.²¹ In addition, strong data can be effective in illustrating disease burden and securing funding for prevention and/or treatment programs.

With funding from this grant, an open mouth assessment of Missouri's homeless and elderly population was conducted by specially trained dental hygienists. Approximately 2,000 assessments were completed at community health centers, domestic violence facilities, homeless centers, nursing homes and senior nutrition sites. The information gathered is currently being tabulated and analyzed. This is the first time in Missouri's recent history that an oral health survey of these populations has been completed.

The grant also allowed for an update of the 2006 population-based workforce model prepared by the University of Missouri-Kansas City, School of Dentistry. The newly completed population-based model can be used for projecting both the need for oral health preventive services within a defined region and the workforce needed to provide those services.

Like many states, Missouri lacks a strong evidence base to support the need for oral health programs and funding. While progress has been made, emphasis must be placed on tracking oral disease trends, targeting high-risk populations, evaluating prevention programs and conducting statewide assessments.

Strategy A: Using the current population-based model, chart areas of need in Missouri.

Action: Conduct a gap analysis and prioritize oral health care needs in Missouri.

Action: Distribute key components of the analysis to key legislators and policymakers.

Expected Outcome:

Decision making for oral health issues is evidence-based.



Strategy B: Use results of oral health assessment conducted to design oral health programs and services.

Action: Analyze information collected during assessment.

Action: Use analysis to develop strategies to educate and increase access for these populations.

Action: Encourage decision makers to fund the strategies.

Expected outcome:

Programs and services which address the burden of oral health in Missouri are implemented or expanded.

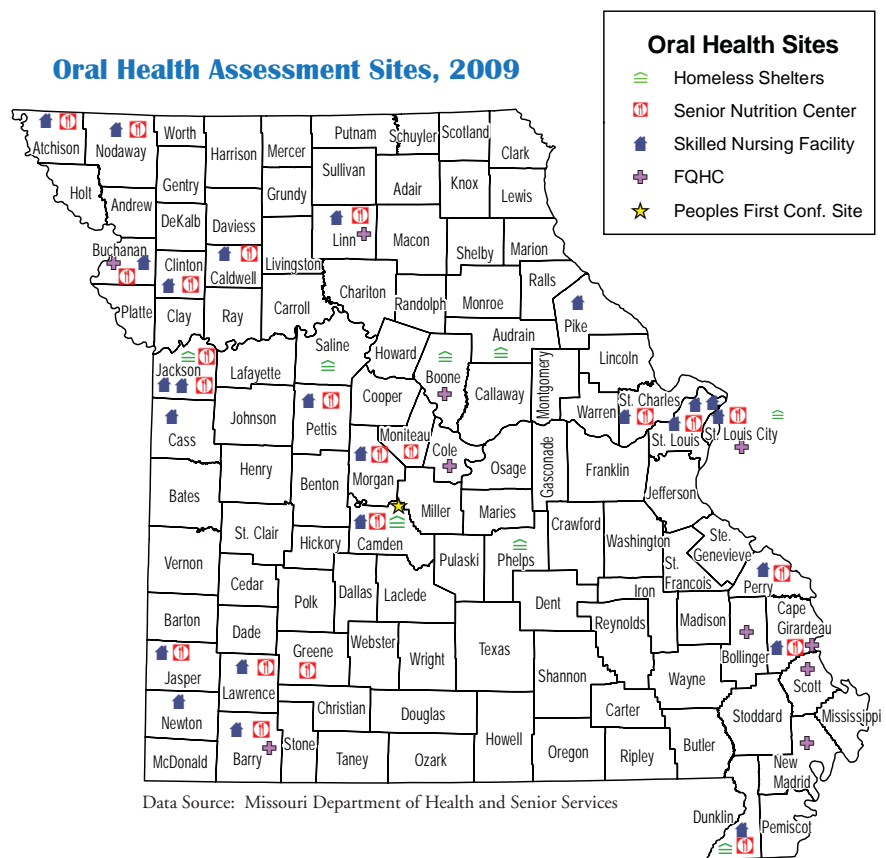
Strategy C: Work with funding agencies, foundations and other organizations to support research projects which gather data and demonstrate the service gaps, costs of unmet dental needs and the economic and health benefits of effective oral health care and programming.

Action: Form a workgroup to identify funding opportunities for research projects that will help build a strong evidence base for oral health.

Action: Approach and/or prepare proposals to secure funding for targeted research projects.

Expected outcome:

Funding for oral health research projects increases and becomes diversified.



Implementation Plan



Through the discussions and collaboration of the Oral Health Task Force, this Statewide Oral Health Plan was created as a first step toward improving the status of oral health in Missouri. The next step is to implement the strategies and action items identified so that the priorities of the plan can be accomplished.

This section highlights the priorities of the Statewide Oral Health Plan and provides a guide for effectively tackling the short, intermediate and long-term tasks identified. Short term goals are defined as projects or strategies that will be approached immediately or within the first year or two of implementation. Intermediate goals will be focuses of years two and three of the implementation plan, and long-term goals will be focal points for years four and five.

To reach the goals in the plan and achieve the expected outcomes, continued collaboration among the Oral Health Task Force members and other oral health and medical experts will be essential. As each strategy is approached, partners will be identified to work together to achieve the common goal. It is through this spirit of collaboration and partnership that oral health will be improved for all Missourians.

FOCUS AREA: Education & Community Awareness

Goals and Strategies	Short-term Goal (Year 1, 2)	Intermediate Goal (Year 2, 3)	Long-term Goal (Year 4, 5)
Goal 1: Increase the public's awareness and understanding of the impact of oral health on overall health.			
Strategy A: Develop a baseline of public perceptions about oral health and its impact on overall health.	X		
Strategy B: Conduct a comprehensive education and awareness campaign which incorporates the effects that unhealthy habits (soda consumption, drug use, tobacco use, etc.) have on oral health.		X	
Goal 2: Promote educational materials and activities which focus on oral health prevention and treatment options for vulnerable populations.			
Strategy A: Conduct a comprehensive review of existing oral health information distributed at local public health agencies, dental offices, safety net clinics and schools.	X		
Strategy B: Identify effective methods of distributing information about the importance of oral health to vulnerable populations. <ul style="list-style-type: none"> •Pregnant Women •Older Adults •Individuals with chronic illnesses •Persons with developmental or intellectual disabilities, mental illness, substance abuse or other special needs 		X	

FOCUS AREA: Access to Care

Goals and Strategies	Short-term Goal (Year 1, 2)	Intermediate Goal (Year 2, 3)	Long-term Goal (Year 4, 5)
Goal 1: Ensure all Missourians have affordable and accessible dental care.			
Strategy A: Recruit oral health professionals to serve a broad spectrum of populations, especially in underserved areas of the state.	X		
Strategy B: Work with business and association partners to encourage employers to offer dental benefits to employees.			X
Strategy C: Identify and expand statewide transportation resources for individuals who need rides to and from dental appointments.	X		
Goal 2: Increase the number of Missourians who have a “dental home.”			
Strategy A: Increase collaboration and communication between oral health and medical providers.	X		
Strategy B: Identify available and appropriate “dental homes” in oral health professional shortage areas of Missouri.	X		

FOCUS AREA: Access to Care (continued)

Goals and Strategies	Short-term Goal (Year 1, 2)	Intermediate Goal (Year 2, 3)	Long-term Goal (Year 4, 5)
Goal 3: Bring healthcare providers (dental and non-dental) together to increase oral health prevention services and referrals.			
Strategy A: Promote and work with pediatricians and family practitioners to include an oral health focus during well-baby visits and annual exams.	X		
Strategy B: Increase coordination of oral health and physical healthcare for patients with chronic diseases or illnesses.		X	
Goal 4: Increase capacity for oral health education and prevention services through community-based providers, such as local public health departments, safety net clinics, and critical access hospitals.			
Strategy A: Expand capacity for preventive oral health services at safety net clinics, local public health departments and critical access hospitals.		X	
Strategy B: Determine the feasibility of using community-based care coordinators in underserved areas to match target populations with needed services related to oral health.		X	

FOCUS AREA: Workforce and Training

Goals and Strategies	Short-term Goal (Year 1, 2)	Intermediate Goal (Year 2, 3)	Long-term Goal (Year 4, 5)
Goal 1: Increase the number of oral health professionals who work in dentally underserved areas of Missouri.			
Strategy A: Research and recommend alternative models which would allow for the delivery of oral health care to people who are unable to access care through the traditional private practice model.			X
Strategy B: Encourage the expansion of dental education opportunities in Missouri.		X	
Strategy C: Increase the number of students from underserved areas and underrepresented populations trained as oral health professionals.	X		
Strategy D: Promote career opportunities in sites delivering care to underserved populations.	X		
Strategy E: Increase local and state funding opportunities and incentives to address provider opportunities for serving underserved populations.	X		
Goal 2: Enhance educational opportunities for healthcare providers (dental and non-dental).			
Strategy A: Increase oral health education for dental and non-dental providers.	X		

FOCUS AREA: Public Policy

Goals and Strategies	Short-term Goal (Year 1, 2)	Intermediate Goal (Year 2, 3)	Long-term Goal (Year 4, 5)
Goal 1: Educate and encourage legislators and policy makers to prioritize funding for oral health care.			
Strategy A: Plan an official unveiling of the Statewide Oral Health Plan.	X		
Strategy B: Conduct advocacy activities to encourage state policy changes which would include the addition of adult oral health coverage by MO HealthNet and an increase in coverage for persons with physical or developmental disabilities or mental illness.	X		
Strategy C: Establish a state public health dental director.	X		
Goal 2: Reduce the prevalence of dental caries through appropriate use of community preventive strategies, such as fluoride and dental sealants.			
Strategy A: Increase the number of Missourians who have a safe and appropriately fluoridated water supply.		X	
Strategy B: Expand prevention-focused programs to ensure annual fluoride varnish treatments and/or dental sealants are provided to vulnerable populations.	X		

FOCUS AREA: Public Policy (continued)

Goals and Strategies	Short-term Goal (Year 1, 2)	Intermediate Goal (Year 2, 3)	Long-term Goal (Year 4, 5)
Goal 3: Increase the number of MO HealthNet providers, especially in underserved areas of Missouri.			
Strategy A: Increase provider reimbursement for oral health services.	X		
Strategy B: Collaborate with the Missouri Department of Social Services and the MO HealthNet Division to streamline and establish consistent processes.	X		
Goal 4: Build a strong evidence base to demonstrate the burden of oral health in Missouri.			
Strategy A: Using the current population-based model, chart areas of need in Missouri..	X		
Strategy B: Use results of oral health assessment conducted to design oral health programs and services.	X		
Strategy C: Work with funding agencies, foundations and other organizations to support research projects which gather data and demonstrate the needs and costs of unmet dental needs and the economic and health benefits of effective oral health care and programming.		X	

Future Strategies

The components of this plan present many oral health priorities that the Oral Health Task Force believes should be a focus in the next five years. In addition to these priorities, the task force identified the following strategies which are also relevant to the improvement of oral health in Missouri:

- Establish a centralized, statewide oral health clearinghouse to be a one-stop resource for oral health education and directories of dental providers.
- Promote the Healthcare Access Fund and Tax Credit Program which allows individuals or corporations to donate cash and medical equipment in return for tax credits.
- Work within existing community coalitions and/or partnerships to encourage the inclusion of oral health in their agenda and activities.

**Creating a
Healthier
Missouri:**

A Statewide Oral Health Plan

2009

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Missouri Department of Health and Senior Services
Office of Primary Care and Rural Health
PO Box 570
Jefferson City, MO 65102
573-751-6219 or 1-800-891-7415
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